## Instructions: Sponsor of Center Facility Monitoring Form Monitoring months are October, February, and April of each year.

Sponsoring Organization Nam	<b>ne</b> [Main Site or Administrative Office]:	Fill in the Blank	
Center Name: Fill in the Blank o	of the center being monitored (use the	ne name of the center)	
Address: Fill in the Blank C	City: Fill in the Blank Zip: Fill i	n the Blank	
Date: Fill in the Blank Moni	itor's Arrival Time: Fill in the Blank	Monitor's Departure	Time: Fill in the Blank
Type of Visit: Check the Type of	of Visit AnnouncedUnan	nounced	
	s a meal service observed? Observed: Breakfast		Snack
	er of children served:		
3. Complete the chart for	the meal observed (if applicable)	: Read the information be	elow to complete the
chart.			
applesauce are se	Record the exact name(s) of the foo erved, then write these in the correct place the food components in the	ct section. For example, tun	a casserole (a
•	ture: Take temperature of food		
✓ Amount of Foo	od Prepared:		
pitchers of meal? For	meal is adequately planned: For fame contain the minimum CACFP food or plate style, do the plates and cuphents? Assess food production reco	requirements for the numbers contain the minimum CA	er of children at the CFP food

**b.** Assure enough food is prepared for appetites: Is there enough food purchased for second servings, as needed.

Food Component	Foods Served	Food Temperature	Amount of Food Prepared
A. Milk as a beverage			
B. Vegetable / Fruit			
Serve 1 or more at Breakfast			
Serve 2 or more at Lunch/Supper Optional: Serve 1 or more at Snack			
C. Bread and Grains			
D. Meat and Beans or Alternate			
E. Additional foods			

and food purchasing.

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- 4. Check applicable box to evaluate each item: Read the information below to complete the chart.
  - ✓ For Letter A: If a meal is observed, asses the meal and check the appropriate box. If a meal is not observed, review the menu for the day of the monitoring visit and check the appropriate box.
  - ✓ For Letters B to F: Check Yes or No based on observation at the time of the monitoring visit or paperwork/ information at main center office.
  - ✓ For Letter G: Follow the directions highlighted in letter G.

A. Did meal/snack meet meal pattern requirements?  B. Temperatures: Freezer temp is Refrigerator temp is Are these safe temps?				
0° or less 33 - 40°				
C. Are tables and food preparation surfaces sanitized before and after use?				
D. Dry Storage - clean, food items covered & stored 6" off of the floor?				
E. Daily Records - Meal Participation Records - Are children counted at the time of meal service?  Are the Meal Participation Records current through today's date?				
Are Food Production Records or Food Delivery Receipts complete through yesterday?				
Attendance Records – Does attendance justify today's meal counts?				
F. Enrollment Data – Are all children enrolled in the CACFP? Are Income Eligibility Forms (IEF's) on file an current for all participants, if required?  If No is checked, there must be immediate follow up to any errors.	d			
G. On Lines 1 thru 5, use the Meal Participation Record. Review the most recent week that has meals claimed for 5 days in a row. Record the date and the total number of meals that were served on each day. Next, check the Sign In/Out Sheets for these same dates and write the number of children who were signed in at the <u>start time</u> of these meal services. Indicate with a checkmark or an "X" if <b>YES</b> the meal counts appear reasonable when compared to the Sign In/Out Sheets. Indicate with a checkmark or an "X" if <b>NO</b> if the meal counts do not appear reasonable when compared to the Sign In/Out Sheets.	t			
Date       Meal Participation Records Totals       Sign In/Sign Out Sheet Totals         1.	Yes	No		

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5. List any problems observed with the meal service or required record keeping. What corrections will be made and in what time frame? If there were problems, monitor must revisit within 2 weeks and document
the follow-up findings. Review the monitoring visit, assess numbers 3 and 4, and create an action plan to correct issues and follow-up within a 2 week time frame. List any pertinent information to the monitoring visit, such as training needs, supplies needs, food service needs or concerns, recordkeeping concerns, or related issues.  Complement center the staff on the items and tasks that are well done.
Monitor's Signature: Signature of staff conducting the monitoring visit Date:
Reviewed Site Coordinator: Name of the Center Director, or Head/Lead Teacher at the center being monitored
Date:
9. A follow up review of this site must be performed: Yes No Check the appropriate response
Follow Up Review conducted on Date
Corrections made on this site include:
Monitor's Signature: Date:
Upon completion, a copy of this form must be sent to: (Sponsors must keep original signed forms on file.) MT CACFP PO Box 202925 Helena, MT 59620-2925

Please contact the MT CACFP office toll-free at 1-(888)307-9333 if you have question regarding monitoring.